

**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
CIVIL COVER SHEET**

<b>I. (a) PLAINTIFFS</b> ( Check box if you are representing yourself <input type="checkbox"/> )  JOANNE MURPHY, an Individual; and LISA M. MISKELLA, an Individual	<b>DEFENDANTS</b> ( Check box if you are representing yourself <input type="checkbox"/> )  KARL STORZ ENDOSCOPY-AMERICA, INC., a California Corporation; KARL STORZ ENDOVISION, INC., a Massachusetts Corporation; KARL STORZ GMGH & CO. KG, A Business Entity Form Unknown, and DOES 1 through 1000, inclusive																																																																																																																																								
<b>(b) County of Residence of First Listed Plaintiff</b> <u>New Haven County</u> <small>(EXCEPT IN U.S. PLAINTIFF CASES)</small>	<b>County of Residence of First Listed Defendant</b> <u>Los Angeles, CA</u> <small>(IN U.S. PLAINTIFF CASES ONLY)</small>																																																																																																																																								
<b>(c) Attorneys (Firm Name, Address and Telephone Number)</b> If you are representing yourself, provide the same information.  Paul Kiesel, Esq. KIESEL LAW LLP 8648 Wilshire Blvd. Beverly Hills, CA 90211-2910	<b>Attorneys (Firm Name, Address and Telephone Number)</b> If you are representing yourself, provide the same information.  PATRICK E. STOCKALPER, SBN 156954 HARLAN N. PETOYAN, SBN 272429 REBACK, MCANDREWS, KJAR, WARFORD, STOCKALPER & MOORE, LLP 1230 Rosecrans Avenue, Suite 450, Manhattan Beach, CA 90266																																																																																																																																								
<b>II. BASIS OF JURISDICTION</b> (Place an X in one box only.)	<b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> -For Diversity Cases Only <small>(Place an X in one box for plaintiff and one for defendant)</small> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><input type="checkbox"/> 1. U.S. Government Plaintiff</td> <td style="width: 25%;"><input type="checkbox"/> 3. Federal Question (U.S. Government Not a Party)</td> <td style="width: 25%;"><input checked="" type="checkbox"/> 4. Diversity (Indicate Citizenship of Parties in Item III)</td> <td style="width: 25%;"></td> </tr> <tr> <td>Citizen of This State</td> <td>Citizen of Another State</td> <td>Citizen or Subject of a Foreign Country</td> <td></td> </tr> <tr> <td style="text-align: right;">PTF</td> <td style="text-align: right;">DEF</td> <td style="text-align: right;">PTF</td> <td style="text-align: right;">DEF</td> </tr> <tr> <td style="text-align: right;"><input type="checkbox"/> 1</td> <td style="text-align: right;"><input checked="" type="checkbox"/> 1</td> <td style="text-align: right;"><input type="checkbox"/> 4</td> <td style="text-align: right;"><input checked="" type="checkbox"/> 4</td> </tr> <tr> <td colspan="2">Incorporated or Principal Place of Business in this State</td> <td colspan="2">Incorporated and Principal Place of Business in Another State</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;"><input type="checkbox"/> 5</td> <td style="text-align: right;"><input type="checkbox"/> 5</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;"><input type="checkbox"/> 6</td> <td style="text-align: right;"><input type="checkbox"/> 6</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Foreign Nation</td> </tr> </table>	<input type="checkbox"/> 1. U.S. Government Plaintiff	<input type="checkbox"/> 3. Federal Question (U.S. Government Not a Party)	<input checked="" type="checkbox"/> 4. Diversity (Indicate Citizenship of Parties in Item III)		Citizen of This State	Citizen of Another State	Citizen or Subject of a Foreign Country		PTF	DEF	PTF	DEF	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4	Incorporated or Principal Place of Business in this State		Incorporated and Principal Place of Business in Another State				<input type="checkbox"/> 5	<input type="checkbox"/> 5			<input type="checkbox"/> 6	<input type="checkbox"/> 6			Foreign Nation																																																																																																									
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<b>V. REQUESTED IN COMPLAINT: JURY DEMAND:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Check "Yes" only if demanded in complaint.)																																																																																																																																									
<b>CLASS ACTION under F.R.Cv.P. 23:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>MONEY DEMANDED IN COMPLAINT:</b> \$ 10,000.000+																																																																																																																																									
<b>VI. CAUSE OF ACTION</b> (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.) 28 U.S.C. Section 1441(B)																																																																																																																																									
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**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
CIVIL COVER SHEET**

**VIII. VENUE:** Your answers to the questions below will determine the division of the Court to which this case will be initially assigned. This initial assignment is subject to change, in accordance with the Court's General Orders, upon review by the Court of your Complaint or Notice of Removal.

<b>QUESTION A: Was this case removed from state court?</b>		STATE CASE WAS PENDING IN THE COUNTY OF:		INITIAL DIVISION IN CACD IS:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "no," skip to Question B. If "yes," check the box to the right that applies, enter the corresponding division in response to Question E, below, and continue from there.		<input checked="" type="checkbox"/> Los Angeles, Ventura, Santa Barbara, or San Luis Obispo <input type="checkbox"/> Orange <input type="checkbox"/> Riverside or San Bernardino		Western Southern Eastern	
<b>QUESTION B: Is the United States, or one of its agencies or employees, a PLAINTIFF in this action?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If "no," skip to Question C. If "yes," answer Question B.1, at right.		<b>B.1.</b> Do 50% or more of the defendants who reside in the district reside in Orange Co.? <i>check one of the boxes to the right</i> →		YES. Your case will initially be assigned to the Southern Division. <input type="checkbox"/> Enter "Southern" in response to Question E, below, and continue from there.  <input type="checkbox"/> NO. Continue to Question B.2.	
		<b>B.2.</b> Do 50% or more of the defendants who reside in the district reside in Riverside and/or San Bernardino Counties? (Consider the two counties together.) <i>check one of the boxes to the right</i> →		YES. Your case will initially be assigned to the Eastern Division. <input type="checkbox"/> Enter "Eastern" in response to Question E, below, and continue from there.  NO. Your case will initially be assigned to the Western Division. <input type="checkbox"/> Enter "Western" in response to Question E, below, and continue from there.	
<b>QUESTION C: Is the United States, or one of its agencies or employees, a DEFENDANT in this action?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If "no," skip to Question D. If "yes," answer Question C.1, at right.		<b>C.1.</b> Do 50% or more of the plaintiffs who reside in the district reside in Orange Co.? <i>check one of the boxes to the right</i> →		YES. Your case will initially be assigned to the Southern Division. <input type="checkbox"/> Enter "Southern" in response to Question E, below, and continue from there.  <input type="checkbox"/> NO. Continue to Question C.2.	
		<b>C.2.</b> Do 50% or more of the plaintiffs who reside in the district reside in Riverside and/or San Bernardino Counties? (Consider the two counties together.) <i>check one of the boxes to the right</i> →		YES. Your case will initially be assigned to the Eastern Division. <input type="checkbox"/> Enter "Eastern" in response to Question E, below, and continue from there.  NO. Your case will initially be assigned to the Western Division. <input type="checkbox"/> Enter "Western" in response to Question E, below, and continue from there.	
<b>QUESTION D: Location of plaintiffs and defendants?</b>		A. Orange County	B. Riverside or San Bernardino County	C. Los Angeles, Ventura, Santa Barbara, or San Luis Obispo County	
Indicate the location(s) in which 50% or more of <i>plaintiffs who reside in this district</i> reside. (Check up to two boxes, or leave blank if none of these choices apply.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indicate the location(s) in which 50% or more of <i>defendants who reside in this district</i> reside. (Check up to two boxes, or leave blank if none of these choices apply.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>D.1. Is there at least one answer in Column A?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>D.2. Is there at least one answer in Column B?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "yes," your case will initially be assigned to the <b>SOUTHERN DIVISION.</b>  Enter "Southern" in response to Question E, below, and continue from there.  If "no," go to question D2 to the right. →		If "yes," your case will initially be assigned to the <b>EASTERN DIVISION.</b>  Enter "Eastern" in response to Question E, below.  If "no," your case will be assigned to the <b>WESTERN DIVISION.</b>  Enter "Western" in response to Question E, below. ↓			
<b>QUESTION E: Initial Division?</b>		INITIAL DIVISION IN CACD			
Enter the initial division determined by Question A, B, C, or D above: →		Western			
<b>QUESTION F: Northern Counties?</b>					
Do 50% or more of plaintiffs or defendants in this district reside in Ventura, Santa Barbara, or San Luis Obispo counties? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA  
CIVIL COVER SHEET**

**IX(a). IDENTICAL CASES:** Has this action been previously filed in this court?

NO

YES

If yes, list case number(s): \_\_\_\_\_

**IX(b). RELATED CASES:** Is this case related (as defined below) to any civil or criminal case(s) previously filed in this court?

NO

YES

If yes, list case number(s): \_\_\_\_\_

**Civil cases** are related when they (check all that apply):

- A. Arise from the same or a closely related transaction, happening, or event;
- B. Call for determination of the same or substantially related or similar questions of law and fact; or
- C. For other reasons would entail substantial duplication of labor if heard by different judges.

Note: That cases may involve the same patent, trademark, or copyright is not, in itself, sufficient to deem cases related.

**A civil forfeiture case and a criminal case** are related when they (check all that apply):

- A. Arise from the same or a closely related transaction, happening, or event;
- B. Call for determination of the same or substantially related or similar questions of law and fact; or
- C. Involve one or more defendants from the criminal case in common and would entail substantial duplication of labor if heard by different judges.

**X. SIGNATURE OF ATTORNEY**

(OR SELF-REPRESENTED LITIGANT): Harlan N. Petoyan / S /

DATE: August 19, 2015

**Notice to Counsel/Parties:** The submission of this Civil Cover Sheet is required by Local Rule 3-1. This Form CV-71 and the information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. For more detailed instructions, see separate instruction sheet (CV-071A).

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405 (g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405 (g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405 (g))

1                   **PROOF OF SERVICE -- §1013a CODE OF CIVIL PROCEDURE,**  
2                   **STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

3                   I am employed in the County of Los Angeles, State of California; I am over the age of eighteen  
4                   years and not a party to the within action; my business address is 1230 Rosecrans Avenue, Suite 450,  
5                   Manhattan Beach, California 90266.

6                   On **August 19, 2015** I served the foregoing document described as:

7                   **CIVIL COVER SHEET**

8                   on all interested parties in this action by placing a true copy thereof in a sealed envelope addressed as  
9                   follows:

10                  **SEE ATTACHED SERVICE LIST**

11                  XX **By Mail** I caused such envelope to be deposited in the mail at Manhattan Beach, California.  
12                  The envelope was mailed with postage thereon fully prepaid. I am "readily familiar" with the  
13                  firm's practice of collection and processing correspondence for mailing. It is deposited with  
14                  U.S. postal service on that same day in the ordinary course of business. I am aware that on  
15                  motion of party served, service is presumed invalid if postal cancellation date or postage meter  
16                  date is more than 1 day after date of deposit for mailing in affidavit.

17                  **By Facsimile** by facsimile machine, which facsimile machine's fax number is 310-297-9800, to  
18                  the following facsimile numbers of the interested parties listed herein as follows. The facsimile  
19                  machine I used complied with California Rules of Court, Rule 2003(3) and the transmission was  
20                  reported as complete and without error. Pursuant to Rule 2008(e)(4), a copy of the transmission  
21                  report, properly issued by the transmitting facsimile machine, is attached to this proof of service.

22                  **By Express Mail** I caused such envelope to be deposited in the mail at Manhattan Beach,  
23                  California. The envelope was mailed with Express Mail postage thereon fully prepaid.

24                  **By Overnight Delivery** I caused such envelope to be sent via overnight delivery service. The  
25                  envelope was deposited in or with a facility regularly maintained by the express service carrier  
26                  with delivery fees paid or provided for.

27                  XX **State** I declare under penalty of perjury under the laws of the State of California that the  
28                  foregoing is true and correct.

29                  Executed on **August 19, 2015**, at Manhattan Beach, California.

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## SERVICE LIST

**Sylvia A. O'Neil, et al. v. Karl Storz Endoscopy-America, Inc.**

LASC Case No.: BC581718

Our File No: 348-3

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